MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3	1	1				
4		1				
5		1				
6		1				
7	1					
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11	1					
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50						
TOTAL IND.	6					
TOTAL DEP.	18					
TOTAL CLAIMS	24					

Claim	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						